

Arkansas Secretary of State

Charlie Daniels

State Capitol • Little Rock, Arkansas 72201-1094 501-682-3409 • www.sosweb.state.ar.us

FEE: \$20.00

To: Charlie Daniels
Secretary of State
State Capitol

Application for Notary Public

(Please type or Print)

ng eighteen (18) years of age	or older, and: (Check one of the	following)	
a legal resident of the State	of Arkansas or permanent resid	ent alien (attach recorded Declar	ation of Domicile)
(Residence street address)	(City)	(ZIP)	(County)
a resident of a state adjoinir	ng Arkansas and employed in th	e State of Arkansas	
(Employment street address)	(City)	(ZIP)	(County)
(Beginning date of commission from	, and further state un	(ZIP) tary Public for a period of ten (10 der oath that the above information ry Public Commission revoked in	on regarding resider
respectfully make application (Beginning date of commission from I employment is true and corre	to you for appointment as a No nond) , and further state un tot and I have not had a prior Nota	tary Public for a period of ten (10	on regarding resider the past ten (10) yea
respectfully make application (Beginning date of commission from	to you for appointment as a No nond) , and further state un tot and I have not had a prior Nota	tary Public for a period of ten (10 der oath that the above information ry Public Commission revoked in	on regarding resider the past ten (10) yea
respectfully make application (Beginning date of commission from I employment is true and corre	to you for appointment as a No nond) , and further state un tot and I have not had a prior Nota	tary Public for a period of ten (10 der oath that the above information ry Public Commission revoked in	on regarding resider the past ten (10) yea
(Beginning date of commission from I employment is true and correctives where certificate is to be (Street address)	to you for appointment as a No ond) and further state un ot and I have not had a prior Nota mailed	tary Public for a period of ten (10 der oath that the above information ry Public Commission revoked in (Signature of notary applicant	o) years from on regarding resider the past ten (10) yea
(Beginning date of commission from I employment is true and correctives where certificate is to be (Street address)	to you for appointment as a Notation on the condition of	tary Public for a period of ten (10 der oath that the above information ry Public Commission revoked in (Signature of notary applicant	o) years from on regarding resider the past ten (10) yea
(Beginning date of commission from demployment is true and correctives where certificate is to be (Street address)	to you for appointment as a Notation on the condition of	tary Public for a period of ten (10 der oath that the above information ry Public Commission revoked in (Signature of notary applicant	o) years from on regarding resider the past ten (10) yea

PURCHASE A BOND FROM A BONDING OR INSURANCE COMPANY MAKE SURE THE BOND HAS YOUR NAME AS YOU WANT IT ON YOUR SEAL/STAMP, A CURRENT DATE, AND COUNTY OF RESIDENCE LISTED ON IT.

ENCLOSE \$20 FEE (CHECK OR M.O.) WITH COMPLETED APPLICATION AND A COPY OF THE BOND (NOT

THE APPLICATION FOR THE BOND) AND SEND TO:

SECRETARY OF STATE
BUSINESS SERVICES DIVISION

STATE CAPITOL

ANY QUESTIONS: CALL (501) 682-3409 or (888) 233-0325

LITTLE ROCK, AR 72201-1094

(YOUR EMBOSSER SEAL OR RUBBER STAMP MAY BE PURCHASED FROM BONDING COMPANY OR OFFICE SUPPLY ---- ANY BUSI-NESS THAT HANDLES NOTARY SUPPLIES) REMEMBER THE SEAL CAN NOT HAVE THE GREAT SEAL ON IT.

Return to the above address - 1. Completed application 2. filing fee of \$20.00 3. Copy of surety bond

N-02 Rev. 2/03